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TRANSMITTAL FORM

First Named Inventor	Shiu-fai Jim
Title	Retractable Magnifier with an Electric Lamp
Application Number	10/700,038
Filing Date	November 3, 2003
Date Allowed	June 25,2004
Examiner Name	Jessica T. Stultz
Group Art Unit	2873
Attorney Docket Number	GAFFMY/101/US
Date	August 18, 2004

ENCLOSURES												
	Response to Office Action		Preliminary	Amendment								
	Information Disclosure Statement	$\boxtimes$	Postcard re	flecting enclosures								
$\boxtimes$	Inventor's Declaration											
$\boxtimes$	It is hereby petitioned that any required extension of time be granted for filing the amendment.  An extension of month(s) having a fee of \$ appears required.											
	A check in the amount of \$ is attached. Please credit any overpayment to Deposit Account 16-2563 of Alix, Yale & Ristas, LLP.											
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	SIGNATURE OF APPLICA	ANT, AT	TORNEY OR	AGENT								
Individu	Firm or Individual name Signature Date  Guy D Yale Reg No. 29,125  Attorney's Docket No. GAFFMY/101/US											
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Signature Date: August 18, 2004												

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Typed or Printed Nam	e Guy D. Yale	<del></del>	Reg. No. 29,125									
Signature	A Tom	<u> </u>	Date: August 18, 2004									

0010/PT0 S. Department of Commerce Shiu-fai Jim First Named Inventor Rev. 6/95 atent and Trademark Office COMPLETE IF KNOWN ATION 10/700,038 **Application Number** November 3, 2003 Filing Date **Declaration Submitted Declaration Submitted** X with Initial Filing after Initial Filing 2873 Group Art Unit Jessica T. Stultz **Examiner Name** As an above named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Retractable Magnifier with an Electric Lamp (Title of the Invention) the specification of which is attached hereto OR X 11/03/2003 as United States Application or PCT International Application Number was filed on (MM/DD/YYYY) (if applicable). and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56. I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Foreign Filing Date **Priority Claimed** Copy Attached Prior Foreign Country (MM/DD/YYYY) **Application Numbers** Yes April 16, 2003 Ø 03244042.1 China Additional foreign application numbers are listed on a supplemental priority sheet attached hereto: I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below: Filing Date Application Number(s) (MM/DD/YY) Additional provisional application numbers are listed on а supplemental priority sheet attached hereto.

Attorney Docket

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DECLARATION								Page 2								
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.																
	arent Ap Number	plication	P	CT Parent	t Numb	ımber			Parent Filing Date (MM/DD/YYYY)				Parent Patent Numbe (if applicable)			er
Addit	tional U.	S. or PCT	Internat	ional appl	ication	numbers	are l	listed on	ı a sup	plem	entary	priority sh	eet att	ached her	eto:	
Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:  As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:												ecute this Iressed to				
Fi	irm Nam	ıe:	Alix	, Yale & F	Ristas,	LLP		Cu	stome	er Nun	nber:	[	002543			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																
Name o	of Addition	onal Joint I	Inventor,	if any:						petitio	n has	been filed	for this	unsigned	inventor	
Given Name		Shiu-fai	i	Middle Initial		Family Name Jim					n		Suf	fix		
Invento Signat	- 1				lip	m	•				(	Date				
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City		g Kong Sp nistrative R		State				Zip			(	Country	ountry CI		Applicant Authority	
Name o	f Additic	onal Joint I	Inventor,	if any:	<del>,</del>				<u> </u>	oetitio	n has	been filed	for this	unsigned	inventor	
Given Name		Middle Family Name											Sut	fix		
Inventor's Signature								Date								
RESIDE City				State				Country					Citiz	enship		
POS OFFIC ADDRE	CE	:														
City			State			Zip			:	Cou	untry			Applicar		

Additional inventors are being named on supplemental sheet(s) attached hereto.